



OWNER OCCUPIED REHABILITATION REVIEW Assistance Program Application

All information provided in this application is strictly confidential and will be used to determine your eligibility.

Date: _____

Phone: Home: _____

Name(s): _____

Work: _____

Home Address: _____

Questions: (Please answer the following)

1. Household size: (total number of people including yourself) _____

2. What is your total gross monthly household income? \$ _____
(Including all sources of income from all members of your household who are over the age
of 18 who are not full-time students)

3. Do you live in the Redevelopment Area boundaries? Yes No If yes, how long? _____

Name, address and telephone number of employer(s)

Certification: (I, we) _____ understand that the information provided will be used to determine (my, our) eligibility for a 10 year, no interest loan. (I, we) therefore certify that all the information herein is true and correct to the best of (my, our) knowledge, and if the contrary is found to be true, (I, we) will suffer the loss of benefits obtained and it will make (me, us) subject to any civil or criminal liability.

Signed: _____

Signed: _____

Date: _____

Date: _____

Please provide a copy of your last three years' federal income tax returns and all schedules in order that we may determine eligibility. Add copies of your W-2 form(s) (if available). Provide copies of payroll vouchers/stubs covering the most recent 30 day payroll period.

Income Limits

Please refer to the Owner Occupied Rehabilitation Assistance Program brochure.